
LAKEVI EW HEALTH CENTER 902 EAST GARLAND STREET WEST SALEM Ownershi p: 54669 Phone: (608) 786-1400 County Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 165 No Total Licensed Bed Capacity (12/31/01): 191 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 148 Average Daily Census: 148

County: La Crosse

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01) Length of Stay (12/31/01)								
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	28. 4			
Supp. Home Care-Personal Care	No					1 - 4 Years	31. 8			
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 7	Under 65	31. 1	More Than 4 Years	39. 9			
Day Services	No	Mental Illness (Org./Psy)	48.6	65 - 74	27. 0					
Respite Care	No	Mental Illness (Other)	43. 9	75 - 84	21.6		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 7	85 - 94	16. 9	********	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	3.4	Full-Time Equivale	nt			
Congregate Meals	Yes	Cancer	1.4	İ	Í	Nursing Staff per 100 Re	esi dents			
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)				
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	68. 9					
Transportati on	No	Cerebrovascul ar	0. 7			RNs	15. 3			
Referral Service	No	Di abetes	0.0	Sex	% i	LPNs	6. 1			
Other Services	No	Respi ratory	0. 0		· '	Nursing Assistants,				
Provi de Day Programming for		Other Medical Conditions	4. 1	Male	48. 0	Aides, & Orderlies	40. 5			
Mentally Ill	Yes			Femal e	52. 0					
Provi de Day Programming for			100. 0		j					
Developmentally Disabled	Yes				100. 0					
******************	****	' *************	******	' *******	*******	*********	*****			

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	0. 8	124	0	0.0	0	0	0. 0	0	1	16. 7	124	0	0. 0	0	2	1. 4
Skilled Care	0	0.0	0	67	53. 6	105	1	100. 0	116	12	75. 0	120	5	83. 3	105	0	0.0	0	85	57. 4
Intermedi ate				53	42. 4	87	0	0.0	0	4	25. 0	112	0	0.0	0	0	0.0	0	57	38. 5
Limited Care				1	0.8	75	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 7
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				3	2. 4	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		125	100.0		1	100.0		16	100.0		6	100.0		0	0.0		148	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions	s, Service	s, and Activities as of 12/	31/01				
beachs builing hepoteting ferrou		<u> </u>	% Needing								
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of				
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents				
Private Home/With Home Health	0.0	Bathi ng	23. 0	5	50. 7	26. 4	148				
Other Nursing Homes	10.8	Dressing	30. 4	4	13. 2	26. 4	148				
Acute Care Hospitals	8. 1	Transferring	58 . 1		29. 7	12. 2	148				
Psych. HospMR/DD Facilities	68 . 9	Toilet Use	43. 9		35. 8	20. 3	148				
Rehabilitation Hospitals	2. 7	Eati ng	50. 7	4	11. 2	8. 1	148				
Other Locations	8. 1	**************	******	*****	*******	********	******				
Total Number of Admissions	74	Continence		% Sp	ecial Trea	atments	%				
Percent Discharges To:		Indwelling Or Externa		2. 0		Respiratory Care	0. 7				
Private Home/No Home Health	2. 7	0cc/Freq. Incontinent	of Bladder	45 . 3	Recei vi ng	Tracheostomy Care	0. 7				
Private Home/With Home Health	1.4	0cc/Freq. Incontinent	of Bowel	30. 4		Suctioning	0. 0				
Other Nursing Homes	11.0					Ostomy Care	0. 0				
Acute Care Hospitals	2. 7	Mobility				Tube Feeding	1. 4				
Psych. HospMR/DD Facilities	2. 7	Physically Restrained		0. 0	Recei vi ng	Mechanically Altered Diets	48. 6				
Rehabilitation Hospitals	0.0										
Other Locations	23. 3	Skin Care				ent Characteristics					
Deaths	56 . 2	With Pressure Sores				nce Directives	70. 9				
Total Number of Discharges		With Rashes		8.8 Ma	edi cati ons						
(Including Deaths)	73				Recei vi ng	Psychoactive Drugs	90. 5				

	This Facility			100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	77. 5	81. 4	0. 95	83. 8	0. 93	84. 3	0. 92	84. 6	0. 92		
Current Residents from In-County	52. 7	84. 1	0. 63	84. 9	0. 62	82. 7	0. 64	77. 0	0. 68		
Admissions from In-County, Still Residing	33. 8	32. 4	1. 04	21. 5	1. 57	21. 6	1.57	20. 8	1. 62		
Admi ssi ons/Average Daily Census	50. 0	64. 0	0. 78	155. 8	0. 32	137. 9	0. 36	128. 9	0. 39		
Discharges/Average Daily Census	49. 3	66. 7	0. 74	156. 2	0. 32	139. 0	0. 35	130. 0	0. 38		
Discharges To Private Residence/Average Daily Census	2. 0	19. 2	0. 11	61. 3	0. 03	55. 2	0.04	52. 8	0.04		
Residents Receiving Skilled Care	58. 8	85. 0	0. 69	93. 3	0. 63	91.8	0. 64	85. 3	0. 69		
Residents Aged 65 and Older	68. 9	84. 3	0.82	92. 7	0. 74	92. 5	0. 75	87. 5	0. 79		
Title 19 (Medicaid) Funded Residents	84. 5	77.7	1. 09	64. 8	1. 30	64. 3	1. 31	68. 7	1. 23		
Private Pay Funded Residents	10. 8	16.8	0.64	23. 3	0.46	25. 6	0. 42	22. 0	0. 49		
Developmentally Disabled Residents	0. 7	3. 2	0. 21	0. 9	0.77	1. 2	0. 57	7. 6	0.09		
Mentally Ill Residents	92. 6	56. 2	1. 65	37. 7	2.45	37. 4	2.48	33. 8	2. 74		
General Medical Service Residents	4. 1	15. 4	0. 26	21. 3	0. 19	21. 2	0. 19	19. 4	0. 21		
Impaired ADL (Mean)	38. 9	49. 2	0. 79	49. 6	0. 78	49. 6	0. 78	49. 3	0. 79		
Psychological Problems	90. 5	65. 9	1. 37	53. 5	1. 69	54 . 1	1.67	51. 9	1. 75		
Nursing Care Required (Mean)	7. 9	7. 6	1.05	6. 5	1. 23	6. 5	1. 22	7. 3	1. 08		